INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST FROM:

TO:

		SECTION I—IDENTIFYI	NG DATA					
Notice is given of intent to p	lace—Name of Child:	SECTION I—IDENTIF II	Ethnicity: Hispanic Orig	ain.				
110000 to given or intent to piace—Italine of Orling.			Yes No Unable to determine/unknown					
Social Socurity Number:	ICWA Eligible	Title IV-E Eligible	Race:	Chable to determine/anknewn				
Social Security Number:	ICWA Eligible ☐ Yes ☐ No	☐ Yes ☐ No ☐ Pending	☐ American Indian or	☐ Native Hawaiian/Other				
		_ res _ res _ rending	Alaska Native	Pacific Islander				
Sex:	Gender:	Date of Birth:	☐ Asian	☐ Black or African American				
				☐ White				
Name of Parent 1:			Name of Parent 2:					
Name of Assess on Danson	Dhana							
Name of Agency or Person	Phone:							
Address:	Email Address (optional):							
Name of Agency or Person	Phone:							
Address:				Email Address (optional):				
SECTION II—PLACEMENT INFORMATION								
Turnes of Core Dominants de		SECTION II—PLACEMENT		of Childs				
Types of Care Requested:			Current Legal Status	of Child:				
☐ Public Placement	☐ Private Placement	□ Name		0				
	n IV-E Pending [⊒∷None tate □ Receiving State □ Pendir		Custody/Guardianship Custody/Guardianship				
Foster Family Home	ing in. Sending St	late Receiving State Feridin	Court Jurisdiction	•				
_	•							
Group Home Care	vision							
☐ Child-Caring Institution	erminated—Right to Place for Adoption							
Residential Treatment C	Refugee Minor							
☐ Parent								
☐ Institutional Care—Article VI Adjudicated Delinquent								
☐ Relative (Not Parent) Re								
Other:								
Name of Person(s) or Facility	Soc. Sec # (optional):							
	Soc. Sec # (optional):							
Address:	Phone:							
If placement is with an ager	ncy (e.g., adoption, publ	ic, etc.) other than a residential trea	tment facility (RTF), please					
identify the foster or adoptiv								
*Name(s) of Prospective A	Adoptive or Foster Res	source:		Soc. Sec # (optional):				
Address:	Soc. Sec # (optional): Phone:							
, taa. 555.	1.1131.51							
		SECTION III—SERVICES F	REQUESTED					
Initial Report Requested (if applicable):	Supervisory Services Reques	ted:	Supervisory Reports Requested:				
☐ Adoptive Home Study		☐ Semi-Annually						
☐ Foster Home Study	Foster Home Study Another Agency Agreed to Supervise							
☐ Parent Study								
☐ Relative Home Study		☐ Other		Other:				
·								
Name and Address of Supervising Agency in Receiving State:								
Enclosed: Child's	Social History	☐ Court Order	☐ Financial/Med	dical Plan				
	Study of Placement Res			/ Documentation				
Signature of Sending Agend				Date:				
Oi and a town of O and the m Ot at a	Between							
Signature of Sending State	Date:							
SECTION IV—ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III(d) of ICPC								
☐ Placement may be made ☐ Placement shall not be made								
Remarks:								
Signature of Receiving State	Date							

DISTRIBUTION: See 100A Instructions